Name:
-------

Individualized Plan for Employment (IPE) – Termination of Service			
Service(s)	Reason for Termination		
I understand that by signing this amendment I am acknowledging that Nebraska VR has explained to me the reason for termination of service(s). I understand I may appeal this decision by filing a petition for an impartial review. Using the Nebraska Department of Education's Rule 71 (Title 92, Nebraska Administrative Code, Chapter 71) an impartial hearing officer will conduct this review. I may ask Nebraska VR or the Client Assistance Program for a copy of this rule, or I can get a copy at www.education.ne.gov/LEGAL/webrulespdf/RULE71.pdf. Rule 71 contains a sample petition form. My petition must tell the factual reasons why I want the review and concisely tell the solution I want. I must submit my petition within 30 calendar days of the date I sign this form. My petition with a copy of this written decision can be mailed to:  Impartial Hearing Coordinator  Nebraska VR  PO Box 94987  Lincoln, NE 68509			
I may get in touch with the Client Assistance Program (CAP) if I would like to receive advice about my rights and responsibilities with respect to this termination. CAP can be contacted by calling 1-800-742-7594 or writing to CAP at P.O. Box 94987, Lincoln, NE 68509.			
If I want mediation of this decision, I may contact the Regional Mediation Center serving my county. I can ask Nebraska VR or CAP for a list. Both Nebraska VR and I must volunteer to take part in mediation. A qualified and impartial mediator who is trained in mediation techniques will conduct the mediation.			
Your Signature	Date	Nebraska VR Contact	
	Γ		
Authorized Representative	Date	Nebraska VR Approval Date	